

PART B - FEE(S) TRANSMITTAL

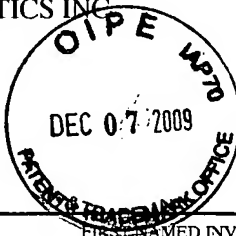
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27476 7590 09/04/2009

NOVARTIS VACCINES AND DIAGNOSTICS INC
INTELLECTUAL PROPERTY- X100B
P.O. BOX 8097
Emeryville, CA 94662-8097



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Kara Shure (Depositor's name)
[Signature] (Signature)
December 1, 2009 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/695,499 10/28/2003 Vincenzo Scarlato 2300-0363.01 7930

TITLE OF INVENTION: MENINGOCOCCAL ANTIGENS

12/07/2009 EERUBAY2 00000001 031664 10695499

01 FC:1501 1510.00 DA
02 FC:1504 300.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional NO \$1510 \$300 \$0 \$1810 12/04/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
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GRASER, JENNIFER E 1645 536-023700

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Amy Hessler
2 Helen Lee
3 Robert Gorman

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Novartis Vaccines and Diagnostics SRL

Siena, Italy

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 6

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- ☐ A check is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-1664 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature [Signature]

Date 11/24/09

Typed or printed name Amy Hessler

Registration No. 50,310

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